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U S P  
UTILITY  
PATENT APPLICATION  
TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 42P18964

First Inventor Shriram Ramanathan, et al.

Title METHOD OF FORMING CHANNELS ON AN INTEGRATED CIRCUIT DIE AND DIE COOLING SYSTEMS INCLUDING SUCH CHANNELS

Express Mail Label No. EV325529548US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

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| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br/>(Submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status.<br/>See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 31]<br/>(preferred arrangement set forth below)<br/>- Descriptive title of the Invention<br/>- Cross References to Related Applications<br/>- Statement Regarding Fed sponsored R &amp; D<br/>- Reference to sequence listing, a table, or a computer program listing appendix<br/>- Background of the Invention<br/>- Brief Summary of the Invention<br/>- Brief Description of the Drawings (if filed)<br/>- Detailed Description<br/>- Claim(s)<br/>- Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 8]</p> <p>5. Oath or Declaration [Total Pages ]<br/>a. <input type="checkbox"/> Newly executed (original or copy)<br/>b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d))<br/>(for continuation/divisional with Box 18 completed)<br/>i. <input type="checkbox"/> DELETION OF INVENTOR(S)<br/>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> | <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission<br/>(if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p>b. Specification Sequence Listing on:<br/>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or<br/>ii. <input type="checkbox"/> paper</p> <p>c. <input type="checkbox"/> Statements verifying identity of above copies</p> <p>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney<br/>(when there is an assignee)</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment <input type="checkbox"/> Application Amended to Reflect Claim of Priority</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br/>(Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br/>(if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i).<br/>Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input checked="" type="checkbox"/> Other: CHECK FOR 1072.00</p> |
|---|--|

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

Continuation  Divisional  Continuation-in-part (CIP) of prior application No: \_\_\_\_\_

Prior application Information: Examiner \_\_\_\_\_ Group/Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

Customer Number 08791 or  Correspondence address below

Name	Blakely, Sokoloff, Taylor & Zafman LLP				
Address	12400 Wilshire Boulevard, 7th Floor				
City	Los Angeles	State	California	Zip Code	90025
Country		Telephone	(503) 684-6200	Fax	(503) 684-3245

Name (Print/Type)	Paul A. Mendonsa	Registration No. (Attorney/Agent)	42,879
Signature			
	Date	03/24/04	

Based on PTO/SB/05 (01-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wlr) 02/10/2004.

SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

17497 U.S. PTO  
10/809560

032404

# FEE TRANSMITTAL for FY 2004

Effective 10/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

**TOTAL AMOUNT OF PAYMENT** (\$ 1,072.00)

Complete if Known

Application Number

March 24, 2004

First Named Inventor

Shriram Ramanathan

Examiner Name

Art Unit

Attorney Docket No. 42P18964

## METHOD OF PAYMENT (check all that apply)

Check  Credit card  Money Order  Other  None

Deposit Account

Deposit Account Number 02-2666

Deposit Account Name Blakely, Sokoloff, Taylor & Zafman LLP

The Commissioner is authorized to (check all that apply)

- Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) or underpayment of fees as required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity		Small Entity		Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1001	770	2001	385	Utility filing fee
1002	340	2002	170	Design filing fee
1003	530	2003	265	Plant filing fee
1004	770	2004	385	Reissue filing fee
1005	160	2005	80	Provisional filing fee
SUBTOTAL (1)		(\$ 770.00)		

### 2. EXTRA CLAIM FEES

Total Claims	32	20* =	12	X	18.00	=	\$216.00
Independent Claims	4	3* =	1	X	86.00	=	\$86.00

Multiple Dependent

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	
1201	86	2201	43	Independent claims in excess of 3	
1203	290	2203	145	Multiple Dependent claim, if not paid	
1204	86	2204	43	**Reissue independent claims over original patent	
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)		(\$ 302.00)			

\*or number previously paid, if greater. For Reissues, see below

### 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
2053	130	2053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	1,210	2255	605
1404	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	2451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	2460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	1809	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
Other fee (specify)			

\* Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$)

## SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Paul A. Mendonsa	Registration No. (Attorney/Agent)	42,879	Telephone	(503) 684-6200
Signature				Date	03/24/04

Based on PTO/SB/17 (10-03) as modified by Blakely, Sokoloff, Taylor & Zafman (wir) 02/10/2004.  
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